



Radiotherapy to the prostate

A guide for patients and their carers



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Christie website

For more information about The Christie and our services, please visit **www.christie.nhs.uk** or visit the cancer information centres at Withington, Oldham or Salford.

Introduction

This booklet is to tell you about external beam radiotherapy to the prostate. The Christie is a specialised centre for radiotherapy and patients come for treatments that are not always available at general hospitals. This treatment may be offered at the radiotherapy departments at The Christie at Withington, The Christie at Salford or The Christie at Oldham.

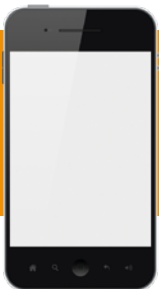
You may have heard about radiotherapy from people you know or from patients in the hospital. Remember that their information may not apply to you.

What is radiotherapy?

Radiotherapy uses exact, carefully measured doses of radiation to treat diseases. It is often given in small doses over a specified period of days or weeks, but may be given in a single treatment.

"I felt very apprehensive about going to The Christie but I needn't have worried. Everyone was very helpful and friendly."

External beam radiotherapy can be delivered in many different ways using high energy radiation beams. These can be photons, electrons or protons. Photons and electrons are delivered from a machine called a linear accelerator whilst protons are delivered from a machine called a cyclotron.



Please note:

Mobile phones can interfere with the treatment equipment. Please look out for signs letting you know if it is safe to use your mobile phone. If you do have one with you, you may need to turn it off.

The Christie NHS Foundation Trust now provides a proton beam therapy (PBT) service. However, it is not appropriate to treat all kinds of cancers with proton beam therapy. This will be decided by your oncologist and discussed with you.

The radiographers treating you are highly trained professionals. They will be able to answer any questions or concerns you may have.

How does radiotherapy work?

Our bodies are made up of cells and all cells are able to divide. If radiation hits a cell that is dividing, it will be damaged. Cancer cells are much less able than normal cells to repair the damage, so more of the cancer cells will be destroyed.

When will radiotherapy begin?

The specialist doctor who is in charge of your treatment is a clinical oncologist. A team of doctors, radiographers and nurses will care for you. This team will not necessarily include the doctor who saw you first, but a named consultant will be responsible for your treatment.

In deciding on your treatment, your clinical oncologist at The Christie has carefully considered the nature of your illness, and your particular needs with regard to your treatment plan.

The first stage of your treatment will be a radiotherapy planning scan. Your treatment will then normally begin within a few weeks of this scan. You will usually have between 15 and 20 treatments. Your doctor will tell you about the number of treatments you will have.

Will I be treated as an outpatient or an inpatient?

You will usually have your treatment as an outpatient. Some people continue to work during part of their treatment. However, after daily travel and treatment, you may feel tired and need to rest.

There may be some patients who are admitted to a ward, although this is rare. Bring suitable day wear as you will not have to stay in bed. Treatment usually takes up only a small part of the day and, if you are well enough, you may be able to go out – check with the ward staff first.

Agreeing to treatment

Consent to treatment

The doctors, nurses and radiographers will normally give you some written information to support what they have said about your treatment. At the time your treatment is being planned, a member of your treating team will discuss the intended benefits and possible side effects with you.

We will ask you to sign a consent form agreeing to accept the treatment that you are being offered. The basis of the agreement is that you have had The Christie's written description of the proposed treatment and that you have been given an opportunity to discuss any concerns. You are entitled to request a second opinion from another doctor who specialises in treating this cancer. You can ask your own consultant or your GP to refer you. Your consent may be withdrawn at any time before or during this treatment. Should you decide to withdraw your consent then a member of your treating team will discuss the possible consequences with you.

"The staff were very helpful and pleasant. They explained things to me in a way that I could understand, answered all my questions and put me at ease."

There is little evidence about the effects of external beam radiotherapy to the prostate on a man's ability to father children. If this is an issue for you, please consult your medical team before starting treatment.

What are the benefits of treatment?

Radiotherapy works by damaging cancer cells while causing as little damage as possible to normal cells. The aim of treatment may include an attempt to:

- kill the cancer cells
- reduce the chances of the cancer coming back
- shrink the tumour which may slow down its progress and give relief from troublesome symptoms.

Are there any alternatives to this treatment?

There are alternative treatments available including active surveillance, surgery, brachytherapy, hormone therapy and watchful waiting. Not all of these options are suitable for everybody but all possibilities will have been discussed with you by your doctor.

What will happen if I do not have this treatment?

Without treatment for your prostate cancer, the cancer will continue to grow, which may mean the development or worsening of symptoms. Some (but not all) cancers may then spread away from the prostate and become incurable.

"There is no feeling at all whilst having the treatment and altogether it only takes a few minutes."

Planning the treatment

To help with the planning of your treatment, you will have a CT scan. The scans which are undertaken to plan your radiotherapy are solely aimed to give enough information to plan the radiotherapy accurately. These scans are not diagnostic and therefore do not give sufficient information to assess the status of your cancer or any other abnormalities.

During your scan the radiographers will draw some marks on your pelvis with a skin pen. These marks do wash off and so some permanent marks, like tiny black freckles, will need to be made. These will help the radiographers to set you up in the correct position for treatment every day.



What happens during treatment?

On the day of your first treatment, you will come to the radiotherapy department. If you are an inpatient, a radiotherapy care assistant may collect you from your ward and escort you to the department. On the treatment unit you will meet a radiotherapy support worker. They help patients plan their appointments for the treatment, and can usually find a solution to any small problem that can arise. Treatment is given Monday to Friday. The radiographers will have the details of your treatment which the doctor has carefully planned. They will explain to you exactly what will happen.

Just before your treatment the radiographers will ask you to go to the toilet to empty your bladder, and anything from your bowel if it is possible to do so. The radiographers will help you on to the treatment bed and ask you to part your clothes so that they can see the marks made on your skin during planning. The radiographers will then adjust the bed and your pelvis so that you are in the correct position for the treatment. They will try to make you as comfortable as possible and ask you to keep still during the treatment.

The radiotherapy machines are quite large and you may find them a little intimidating to begin with, but there is no need to worry – the treatment is painless. The treatment session may take about 15 minutes but the actual treatment only lasts a few minutes. The radiographers operate the machines from outside the room. When all the adjustments have been made and you are in exactly the right position, the radiographers will make sure you are comfortable and then leave the room to switch the machine on.

During your treatment the radiographers take images of the area you are having treated. This is done at the same time as your treatment. **These images are used to check that we are treating the right area; they do not tell us how the tumour is responding to the treatment.**

Please do not feel abandoned – a closed circuit television on the control desk gives the radiographers a clear view of you and they will be watching you all the time.

There is nothing to feel and nothing to see. The machines make a buzzing noise when they are giving treatment.

If you feel anxious about having radiotherapy treatment you can ask your radiographer to refer you to the CALMS team for complementary therapy.

If you feel you need to cough or sneeze, the radiographers will tell you beforehand how to let them know this. They will switch off the machine and come in immediately. Once your treatment has finished they will get you off the bed and arrange your next visit. You are then able to return home or to your ward.



Some questions about treatments

Will it hurt?

No. You will feel no pain at all.

Will I lose my hair?

You will not lose any hair on your head, but you may lose some pubic hair during and after treatment. It usually starts to grow back some time after treatment is finished.

Is it safe?

Radiation used in medical treatment is given in controlled, carefully measured doses. The aim is to treat the illness whilst minimising the dose to the normal tissues.

Will I be radioactive?

No. Patients treated by X-rays do not become radioactive. The radiation does not stay in your body after treatment, so you cannot do anyone else any harm. It is safe for you to mix with other people and to have visitors if you are on the ward.

I already have problems with my health. Will radiotherapy treatment make them worse?

Not usually, but the treatment may make you feel more tired than normal. Please tell your treating team about any existing medical conditions. Ask your Christie doctor if you are worried about any other health problems.

Can I come for treatment at any time of the day?

If you are having treatment as an **outpatient**, the radiographers will give you an appointment time for the first treatment when you attend for your planning session. After that you can tell your treating team the time that suits you.

Please try and be as flexible as possible and give priority to your treatment sessions over other general appointments. The time you prefer may not be available at the start of your treatment because of the large patient numbers on the unit. If you need a specific time with valid reasons, please give the radiographers or support workers at least 48 hours notice. The time we give you may vary half an hour either way each day due to emergencies. Please check your appointment time for the following day before you leave in case of any changes.

Once a week, you will meet your consultant or one of the review team to check that you are coping with the side effects of treatment. We will take you to the clinic after your radiotherapy. We will give you a morning or afternoon appointment to fit in with your consultant's clinic.

If you are an **inpatient**, the treating team will send a care assistant for you when they have a free slot. If you are going away for the weekend, please let the staff know and they will do their best to treat you before lunch.

What happens if I need transport to and from the hospital?

Many patients are able to bring themselves or can ask a friend or relative to help them out. If you think you may need ambulance transport, please discuss this with a radiotherapy support worker or radiographer on your first visit to the radiotherapy department. Ambulance transport can be arranged subject to eligibility criteria based on medical need. There also needs to be a medical need for you to bring an escort on hospital transport.

There can be delays for some time either side of your appointment because of the high demand for transport. Please take this into account when you are deciding whether to use ambulance transport or not.

Hospital transport is provided by North West Ambulance Service and West Midlands Ambulance Service. Contact the transport liaison office at The Christie directly on **0161 446 8114** or **8143** for advice and bookings. Patients attending The Christie at Salford can contact **0161 918 7800** and patients attending The Christie at Oldham can contact **0161 918 7700** for advice about transport.

Can I expect any side effects?

Side effects from radiotherapy vary. Some people have hardly any side effects. Even people who have had very similar treatments can have different side effects.

Early side effects

Most people notice the side effects during the second half of their course of treatment. They may take 6 to 8 weeks to disappear and in some cases longer.

You will have regular reviews during your course of radiotherapy with a doctor, nurse or radiographer from the team looking after you.

Bladder symptoms

- You may find that you pass urine more frequently, possibly with a burning sensation. Although this feels like a water infection (cystitis), it is a normal side effect of the radiotherapy.
- You may find that you have an urgent need to pass urine. Macmillan and Prostate Cancer UK have created 'toilet cards' which can be shown when you need urgent access to a toilet. These can be found in our cancer information department or ordered online from Macmillan or Prostate Cancer UK.
- You may find that you have difficulty with the flow of urine. Tell your radiographer or nurse as the doctor may prescribe something to help (Tamsulosin).
- You may notice some blood in your urine. Don't be alarmed – in most cases, this settles within a month of finishing your treatment. Please mention this to the radiotherapists, doctor or nurse when you see them.
- Ensure that you drink plenty of clear fluids each day. Try to drink more than normal by having extra glasses of water until these symptoms settle. Some people find having a glass of cranberry juice helps with their bladder symptoms. **If you are on blood thinning tablets such as Warfarin, do not drink cranberry juice.** Avoid large quantities of tea, coffee and alcohol as these make the symptoms worse.

Bowel symptoms

- You may find that you have more frequent bowel movements during treatment and for several weeks afterwards.
- You may have the urge to open your bowels but without actually passing anything. This is called tenesmus.
- You may notice an increase in the amount of 'wind' you pass.
- If opening your bowels becomes painful, we can give you some local anaesthetic cream to apply.
- You may have some bleeding with bowel movements which can sometimes continue for a few months. Don't be alarmed as this bleeding is normal.
- We may prescribe Fybogel granules to help regulate your bowel movements. They can be taken for both diarrhoea and constipation. Please don't take any other bowel medicines without discussing it with your doctor or treating team.
- Occasionally, you may become constipated with treatment. It is important to tell your radiographer or nurse. We will be able to prescribe something to help you.

"Being told about the side effects, what was happening or could happen – the tiredness, diarrhoea and constipation – meant I was prepared for them and did not worry."

Skin reactions

The extent of a skin reaction will vary for each person. You may notice that your skin in the area being treated becomes more sensitive. Occasionally the area can become slightly pink, feel tighter than usual and warm to the touch. This is rare for prostate patients but can sometimes be slightly noticeable.

Tiredness

Tiredness is one of the most common side effects of cancer treatment. Some people describe feelings of extreme fatigue, although some continue to work and carry out busy lives as normal. This can vary between individuals. Try to maintain a normal sleeping routine and don't feel that you must do everything that you normally do.

"If you are experiencing pain, tell the staff as they will be able to help you."

Ask your family and friends for help. It is a good rule of thumb to listen to what your body is telling you, and if you feel tired then rest. For people in good general health, it may be beneficial to do some gentle exercise such as walking. There is a Christie booklet demonstrating a simple exercise programme. Please ask your nurse or radiographer for a copy.

Your tiredness should start to gradually improve a couple of weeks after completing your radiotherapy. If you feel that you would like more help and advice about coping with tiredness, please speak to a radiographer treating you.

Late or permanent side effects

It is possible for some types of reaction to occur months or years after the treatment has finished, although this is less common these days because of recent improvements in treatment. Your doctor at The Christie will discuss any possible late effects with you.

You can get further information from the Macmillan booklet 'Pelvic radiotherapy in men: possible late effects' available from the cancer information centre. The following are possible long-term side effects:

- bleeding from the back passage which on occasion may need medication or surgery

- more urgent need to open the bowels and more frequently
- more urgent need to pass urine and more frequently than before treatment
- difficulty in obtaining erections firm enough for intercourse. This may be improved with drugs such as Viagra. Those men who are sexually active following treatment may notice a reduction or lack of semen
- the sperm count may be reduced

What you can do to help

Skin care

- Wash the treated skin gently with warm water using your normal shower or bath products. If preferred, you can wash with an aqueous cream but this has not been shown to reduce the chance of skin reactions occurring. If your skin becomes irritated after using a product, it is advisable to stop using that product for the time being. Pat the skin dry with a soft towel.
- You can continue to moisturise your skin while you are having radiotherapy treatment, applying the moisturiser that you normally use. You do not need to change from this unless you find that your normal moisturiser starts to irritate your skin. Your treatment team may advise you to start moisturising the skin that is within the treatment area. If they do, we recommend that you avoid products containing 'sodium lauryl sulfate' as this can irritate the skin. Your team can let you know about products that do not have this ingredient. If you have any questions or concerns, please ask a member of your radiographer team for further advice.

- Some radiotherapy treatments to the pelvis may cause sore skin, **although this is uncommon when patients are having radiotherapy to the prostate area**. We will advise you at the start of treatment if this is likely, and what you can do to help yourself. For further information on skincare advice during treatment please refer to the 'Skin care during and after your radiotherapy treatment' leaflet which can be given to you by a member of your clinical team or is available on the patient information section of The Christie website. Some patients find that their pubic hair falls out during or shortly after treatment. This usually grows back but it may be thinner.

Your diet

It is important that you continue to eat nourishing food during and after treatment. Ask the nursing or radiotherapy staff for a copy of 'Eating – help yourself' which has information about coping with problems such as loss of appetite. If diarrhoea becomes a persistent problem, you will need to follow a lower fibre diet to ease your symptoms.

Fibre is the part of grains (flours and cereals), pulses, vegetables and fruit which is not digested and passes down the gut. Please do not cut out all dietary fibre initially as you could become constipated.

Follow the lower fibre diet for as long as your side effects last, then gradually resume your normal diet by adding one new food each day that contains fibre, then if the diarrhoea returns you should be able to work out which food has caused it and eliminate this from the diet for a further few weeks.

If you have diabetes and you have developed diarrhoea, still follow the lower fibre diet advice but make sure you eat

meals and snacks containing low fibre starchy foods such as white bread, white rice and cereals. Once your symptoms have resolved, go back to your normal diabetic diet.

- Replace wholewheat or oat-based cereals with Rice Krispies, Cornflakes or Special K.
- Replace wholewheat biscuits with biscuits made from white flour such as Rich Tea, Marie biscuits or custard creams.
- Avoid nuts and pulses (baked beans, kidney beans, peas and lentils).
- Take only small amounts of fruit and vegetables and avoid eating the skin.

Some people also find it helpful to cut down on fat by avoiding fried foods, pastries, cream cakes and fatty meat.

If you have diarrhoea you must drink enough to replace the fluid that is being lost. Aim for a minimum of 10 to 12 glasses of water a day.

If you are following this diet for more than a week, a complete multivitamin and mineral supplement is recommended daily such as Centrum, Boots A-Z, Sanatogen A-Z Complete, and Nature's Best A-Z multi.

If you have followed a lower fibre diet and are still having problems with diarrhoea, we can prescribe Fybogel (also called Senokot High Fibre or Normacol). This acts by absorbing fluid and helps to form more solid, less frequent motions.

These are often taken by people who have Irritable Bowel Syndrome and can help with both diarrhoea and constipation. Take these until your bowel symptoms settle.

Fybogel is a powder which needs to be mixed with water or a fizzy drink and then drunk immediately. If your bowel problems persist, then you may need additional medication such as loperamide (Imodium®) or codeine phosphate which can be prescribed for you.

The bowel symptoms vary greatly between patients. Most people start to see some improvement 2 to 3 weeks after treatment has finished. Some patients are virtually back to normal within 6 weeks, for others they remain unsettled for several months and for some they never return to what was normal for them.

Dietary advice: reducing bowel gas during radiotherapy

All of us produce gas throughout the day. Most of it comes from the air we swallow when we are eating and drinking and some comes from the types of food and drink we choose. Too much trapped gas can appear on pictures that the radiographers take during treatment and it would be helpful to reduce this. Following this advice can help you reduce this gas and may also be helpful if you are experiencing trapped wind and stomach ache because of gas.

Some foods and drinks can increase wind productions, these can include:

- fizzy drinks (such as beer, coke)
- cereals
- beans and pulses
- some vegetables (for example, broccoli, cauliflower, sprouts, onions)

Tips to reduce excess wind

- Identify the potential causes of wind in your diet and try to reduce them.
- Avoid skipping meals.
- Avoid chewing gum.
- Chew food slowly.
- Drinks: try still varieties of drinks instead or leave fizzy drinks until they are 'flat'. Try not to drink large amounts of fluids with your meals.
- Beans: avoid eating large quantities on their own, but enjoy them as part of a mixed meal with other foods.
- Oats, barley and ground linseeds may help to relieve wind caused by constipation and slow bowel habit.
- Some herbs and spices are thought to support your digestion such as ginger and peppermint.
- Take regular exercise to encourage bowel movements.

Diet and the prostate

Although studies are continuing about the effect of diet and the development and control of prostate cancer, there is no conclusive evidence. What we would suggest is that once the side effects have settled following treatment you have a healthy diet including a variety of sources of protein, carbohydrate and five portions of fruit and vegetables a day.

Relatives and carers

Please share this booklet with your family and friends. It is important that they feel well-informed and understand what is happening. Families and carers can have a role in helping you. There are additional information resources on radiotherapy and films that can be accessed via The Christie

website. Please ask your doctor, nurse, radiographer or the ward staff.

Aftercare

After your treatment has ended you should continue to follow the skin care and dietary advice until you feel your side effects from the radiotherapy have subsided. This is usually 6 to 8 weeks after your treatment has finished.

If you have any problems before you are due for your follow-up appointment you can ask your GP for advice, or contact the urology nurse specialist or doctor at The Christie (see pages 26-27). If you were an inpatient you could also ring up your ward at The Christie and speak to a senior nurse. If you have any problems after your first outpatient visit, contact your GP straight away rather than wait for your next appointment.

“Reception staff and therapy staff were superb in every way, reassuring, caring and always on hand.”

After your treatment has finished and you have been discharged home, you will have regular follow-up appointments. These will normally alternate between the oncologist who gave you the radiotherapy and the urologist who diagnosed your cancer.

You will usually see the urologist at the hospital where you were first seen. Your appointments with the oncologist may be at The Christie or at the local hospital, depending where you live.

The first time that The Christie carries out a follow-up assessment is 6 weeks after your treatment has finished.

At this point we need to check that any side effects that you may have developed during or just after the radiotherapy have settled. As you do not need a physical examination at this assessment, we normally carry out this review over the

telephone instead of asking you to come to an outpatient appointment.

This is a booked appointment and you will receive a letter with a time and date for this telephone follow-up.

Your urologist will usually send you a clinic appointment for between 3 and 6 months after your treatment. At this appointment an overall check of your health will be made and a blood sample taken for a PSA (Prostate Specific Antigen) test. Usually 6 months after this and then annually, The Christie consultant will make arrangements for you to have a follow-up appointment.

How will I know that the cancer is gone?

The PSA (Prostate Specific Antigen) measured from a blood test is used as the most accurate way of showing that the cancer cells in the prostate have been treated effectively. You will not need further scans or biopsies.

The rate at which the PSA falls is variable, but commonly it will take 12-18 months after completing radiotherapy for it to reach its lowest point. This means that we do not need to take a blood test from you in the first few weeks after your radiotherapy has finished.

The oncologist will then ask to see you in the outpatient clinic on a yearly basis for a PSA test. A rise in the PSA rate in the future would be an early warning sign that the cancer may have returned.

Prescriptions

NHS patients treated for cancer are entitled to free prescriptions. Prescriptions from The Christie Pharmacy are free for NHS patients but you will need an exemption certificate to get free prescriptions from a community

pharmacy. Exemption certificates are available from the pharmacy at The Christie and your GP.

Benefits and finance

You may have had to stop work and had a reduction in your income. You may be able to get benefits or other financial help.

Personal Independence Payment (PIP) is a social security benefit and has replaced Disability Living Allowance (DLA) for new claimants. It's for people who need help either because of their disability or their illness. You can apply if you are aged 16–64.

People aged 65 or over who need help with personal care or supervision could be entitled to Attendance Allowance.

Your carer could get Carer's Allowance if you have substantial caring needs.

Find out more today:

- To get a claim pack for Attendance Allowance, call **0345 605 6055** and for PIP call **0800 917 2222**.
- Carer's Allowance: call **0345 608 4321**.
- For benefits advice, contact Maggie's centre on **0161 641 4848** or email manchester@maggiescentres.org
The Christie at Oldham has a benefits advice session on Thursday afternoons, call **0161 918 7745**.
- Contact your local social services department for help with equipment and adaptations, or for an assessment of care needs. Visit www.gov.uk for further information.
- Macmillan Cancer Support can give advice on helping with the cost of cancer on **0808 808 00 00** or www.macmillan.org.uk

Appointments

Once you are having treatment, if you have a problem with your appointment time, please contact: The Christie at Withington on **0161 446 3485**, The Christie at Oldham on **0161 918 7700** or for The Christie at Salford on **0161 918 7800**. It is helpful if you can quote your hospital number – it will be on your appointment card or letter.

Car parking

The Christie at Oldham and Salford have designated areas for free parking for radiotherapy patients whilst on treatment. It is accessible by code entry that is provided at your first appointment within the unit.

For parking at the main Withington site, please check the website (www.christie.nhs.uk) for the latest details, or ask at the information centre for a copy of the leaflet 'Travelling and car parking for patients and patient's visitors to The Christie'.

Further information

Macmillan Cancer Support

This is a national charity which runs a cancer information service. The cancer support service freephone number is **0808 808 00 00**. (Monday to Friday, 9am-8pm). If you are hard of hearing, use the textphone **0808 808 0121**. If you are a non-English speaker, interpreters are available.

Calls are answered by specially trained nurses who can give you information on all aspects of cancer and its treatment. Information and advice about finance and benefits are also available.

Macmillan Cancer Support publish booklets which are free

to patients, their families and carers. You can get a copy by ringing the freephone number. The information is on their website: www.macmillan.org.uk

Information is available on cancer treatments – such as ‘Understanding radiotherapy’ and ‘Understanding chemotherapy’. There are also booklets on living with cancer – some of these are listed below:

- Talking about your cancer
- Talking to children and teenagers when as adult has cancer
- Cancer and complementary therapies
- Travel and cancer

The Christie cancer information centres have the full range of booklets available free to patients and their relatives/ carers. There are information centres at Withington, Salford and Oldham.

Prostate Cancer UK

Helpline **0800 074 8383**
www.prostatecanceruk.org

PSA North West, a local self help group

Call **0845 6010766**
www.prostatecancersupport.co.uk

Maggie’s centre

The centre provides a full programme of practical and emotional support, including psychological support, benefits advice, nutrition and head care workshops, relaxation and stress management. Contact Maggie’s on **0161 641 4848** or email manchester@maggiescentres.org

Christie information

The Christie produces a range of patient information booklets and films, some of these are listed below:

■ Radiotherapy

Available as a booklet and as a film to watch on The Christie website. English subtitles and auto-translate function available.

■ Where to get help: services for people with cancer

This booklet discusses sources of help when you have cancer, where to go for financial help, palliative care and cancer support groups.

Booklets on diet and nutrition

■ Eating – help yourself

Gives advice on eating problems when you don't feel well and you are having treatment. Other booklets 'Advice about soft and liquidised foods', 'Nutritional products' and 'Eating well when following a low fibre diet' also give helpful advice. Just ask staff for a copy.

■ Be Active, Stay Active: a guide for exercising during and after treatment for cancer

A booklet with a simple exercise programme you can follow. There is also more information about coping with fatigue and the benefits of exercise. A short film can be viewed on the website and is available with English subtitles and has an auto-translate function.

Booklets are free to patients coming to The Christie. If you would like a copy, please ask the ward staff. If you are an outpatient, please ask your nurse, doctor or radiographer.

Student training

The Christie is a training hospital for postgraduate and undergraduate trainees so you may meet students in all areas of the hospital. We train doctors, nurses, radiographers and other therapists in the treatment and care of cancer patients. Placements at The Christie are an important part of student training, so by allowing them to assist in your care, you will be making a valuable contribution to student education.

Students are always supervised by fully qualified staff. However, you have the right to decide if students can take part in your care. If you prefer them not to, please tell the doctor, nurse, radiographer or other therapist in charge as soon as possible. You have a right to do this and your treatment will not be affected in any way. We also try to respect the concerns of patients in relation to the gender of their doctor and other health professionals.

Contacts

Via your consultant's secretary:

Dr Logue	0161 446 3355
Dr Wylie	0161 446 3341
Dr Elliott	0161 918 7107
Dr Choudhury	0161 918 7939
Dr Tran	0161 918 7197
Dr Coyle	0161 446 8323
Dr Conroy	0161 446 8574

Nurse specialists:

Jane Booker	0161 446 8018
Cath Pettersen	0161 918 7328
Sharon Capper	0161 446 3856
Stephen Booth	0161 918 2369
Helen Johnson	0161 918 7000

Radiographer specialists:

Cathy Taylor (brachytherapy)	0161 446 3048
Hannah Nightingale (radiotherapy)	0161 918 2096

For queries about appointments:

The Christie at Withington radiotherapy department	0161 446 3485
The Christie at Salford Royal	0161 918 7800
The Christie at Oldham	0161 918 7700

For queries out of hours:

If you have problems related to your treatment please contact The Christie Hotline on **0161 446 3658**.

If you need information in a different format, such as easy read, large print, BSL, braille, email, SMS text or other communication support, please tell your ward or clinic nurse.

We try to ensure that all our information given to patients is accurate, balanced and based on the most up-to-date scientific evidence.

If you would like to have details about the sources used please contact **patient.information@christie.nhs.uk**

Contact The Christie Hotline for
urgent support and specialist advice

The Christie Hotline: 0161 446 3658

Open 24 hours a day, 7 days a week

Visit the Cancer Information Centre

The Christie at Withington **0161 446 8100**

The Christie at Oldham **0161 918 7745**

The Christie at Salford **0161 918 7804**

Open Monday to Friday, 10am – 4pm.

Opening times can vary, please ring to check
before making a special journey.

The Christie NHS Foundation Trust

Wilmslow Road
Manchester M20 4BX

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The Christie Patient Information Service
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